



Knowledge of Postnatal Mothers regarding Respectful Maternity Care admitted in a selected Hospital, Odisha

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Abstract

Childbirth is a critical event in the life of a woman. However, pregnant women are still exposed to various forms of disrespect and abuse worldwide. World Health Organization (WHO, 2018) recommended respectful maternity care (RMC), which refers to providing supportive care without discrimination to all pregnant women. This study was conducted to assess the level of knowledge of postnatal mothers regarding RMC. A descriptive study was conducted among 40 postnatal mothers at the selected public hospital of Odisha. Knowledge regarding RMC was assessed with the help of structured interview schedule by the researcher. Total forty postnatal mothers were considered for this study and they were selected by purposive sampling technique. Data was collected with the help of Structured Interview Schedule to assess the level of knowledge regarding RMC. With regards to knowledge of mothers regarding RMC it reveals that around 27(72.5%) postnatal mothers had poor knowledge, 9(22.5%) postnatal mothers had average knowledge and 2 (5%) had good knowledge regarding RMC.

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Introduction

Childbirth is a critical event in the life of a woman. However, pregnant women are still exposed to various forms of disrespect and abuse worldwide [1]. The prevalence of disrespectful maternity care in India, Pakistan, Ethiopia, and Tanzania was 77.32%, 99%, 49.4%, and 70%, respectively [2-5]. Browse and Hills (2010) classified disrespectful and abusive behaviors into physical abuse; non-consented, non-confidential care; discrimination; nonchalant, undignified care; and confinement to a health facility [6,7]. Pregnant women who experience any of these disrespectful and abusive behaviors either do not use or delay attending healthcare facilities till the later phases of labor or until the occurrence of complications, which escalate the incidence of morbidity and mortality [8-9]. Furthermore, disrespectful maternal care results in postnatal depression, altered birth outcomes and traumatic birth experiences [10] that lead to delayed lactation and a poor relationship between the mother and newborn [11].

Thus, the World Health Organization (WHO, 2018) recommended respectful maternity care (RMC), which refers to providing supportive care without discrimination to all pregnant women. While ensuring humanized treatment, RMC preserves the dignity, confidentiality, privacy, and autonomy of pregnant women as an essential determinant of a positive birth experience and ensures high-quality care [12]. Several studies have been conducted to assess the status of RMC in different countries as a basic intervention to prevent disrespect and abuse that invade maternal rights and ensure safe motherhood. For example, a study in Ethiopia surveyed 173 postpartum women for disrespectful and abusive behavior and reported that most women were discouraged to ask questions, underwent procedures without permission, and were unaware of the identity of the healthcare provider [13]. Another study in Ethiopia surveyed 500 postpartum women to assess respectful maternity care during childbirth and revealed that less than a quarter of women received emotional support, received pain killer, or chose their companion [12].

Objectives:

- To assess the level of knowledge of postnatal mothers regarding RMC .
- To associate the level of knowledge regarding RMC with the selected demographic and obstetrical variables of postnatal mothers

Methodology- A descriptive study was conducted among 40 postnatal mothers at the selected public hospital of Odisha. Knowledge regarding RMC was assessed with the help of structured interview schedule by the researcher. Total forty postnatal mothers were considered for this study and they were selected by purposive sampling technique. All the mothers those present during the time of data collection and had normal vaginal delivery without any complication were considered for the study. Oral and written consent was obtained from the mother before data collection. Researcher developed the tool after reviewing the literature . Tool was consists of two parts. Part one regarding socio demographic variables and part two was knowledge regarding RMC. Knowledge questionnaire of postnatal mother on respectful maternity care consist of structured Interview schedule to assess the level of knowledge. There are total nine areas related to RMC with 70 items. Each item has one correct answer and total score was 70. Area -1- Meaning and concept of respectful maternity care(6 items), Area -2- Importance of respectful maternity care(9 items), Area -3- Right to be free from harm and ill treatment(10 items), Area -4- Right to information, informed consent and refusal, and respect for her choices and preferences, including Companionship during maternity care(12 items), Area -5- Right to privacy and confidentiality(9 items), Area -6- Right to be treated with dignity and respect (6 items), Area -7- Right to equality, freedom from discrimination, and equitable care(7 items), Area -8- Right to healthcare and to the highest attainable level of health(8 items) and Area-9 - Right to liberty, autonomy, self-determination, and freedom from coercion(4 items). Score 0-24 considered as inadequate knowledge, score 25-48 considered as moderately adequate knowledge and score 49- 70 considered as adequate knowledge.

Data was collected after 24 hours of delivery as it was considered that the mother will feel comfortable to respond. It took around 15 to 20 mins for each mother. The collected data was planned to analyse with descriptive statistics.

Result: In relation to age 4 (10%) were between <20 years, 22(55%) were between 21-25 years, 10(25%) were between 26-30 years (Fig-1) and 4 (10%) were between >30 years, 40 (100%) were belong to Hindu. In relation to educational status 4 (10%) had primary education, 18 (45%) were matriculate, 14 (35%) had higher secondary education and 4(10%) had graduation and above qualification. 32(80%) were from rural and 8 (20%) was between Rs.5001-10000 and 32 (80%) to urban habitat. 12(30%) of postnatal mothers were in ≤37 weeks of gestational age and 28 (70%) were in >37 weeks of gestational age. 40(100%) of postnatal mothers were having regular antenatal check. 18(45%) nos. of postnatal mothers had male baby and 22(55%) nos. had female baby. 40(100%) nos. of postnatal mothers had no source of information regarding RMC.

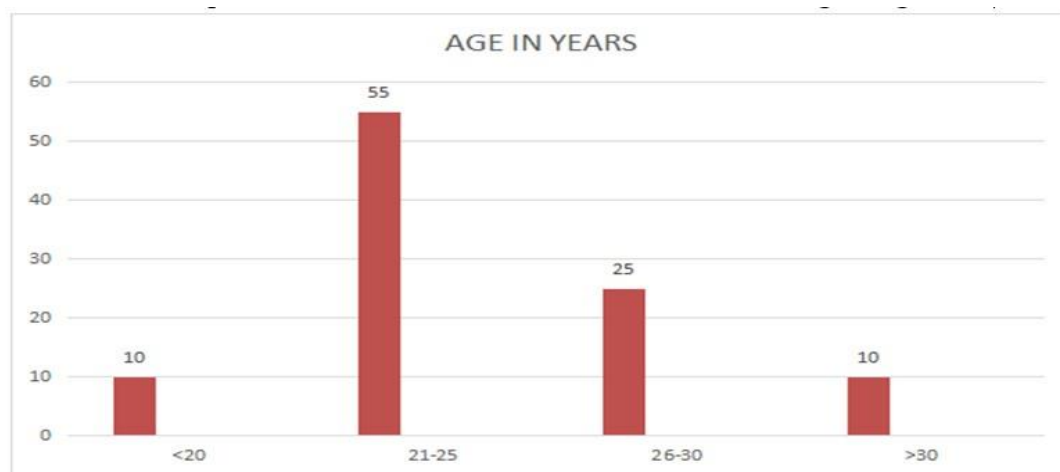


Fig-1- Percentage Distribution of Age of the Mothers

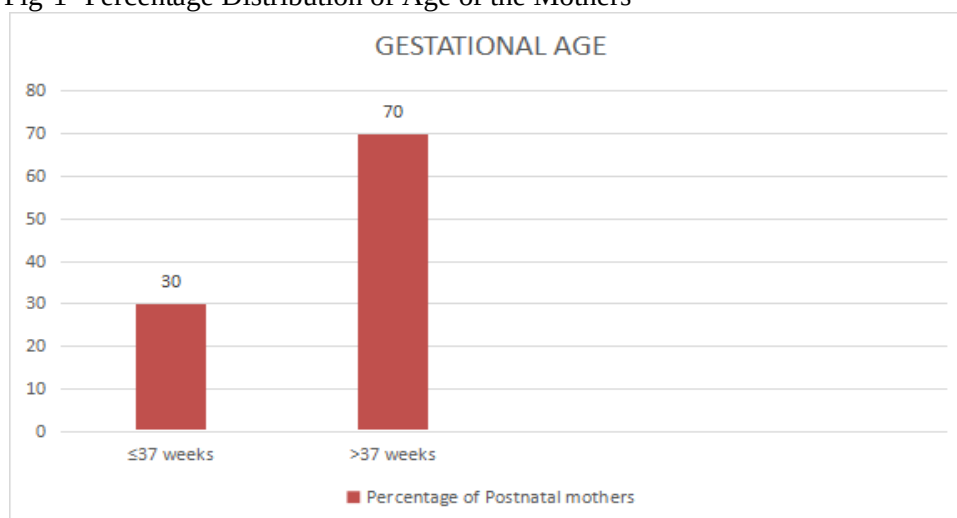


Fig-2- Percentage Distribution of Week of gestation of the Mothers

With regards to knowledge of mothers regarding RMC it reveals that around 27(72.5%) postnatal mothers had poor knowledge, 9(22.5%) postnatal mothers had average knowledge and 2 (5%) had good knowledge regarding RMC .

LEVEL OF KNOWLEDGE	FREQUENCY	PERCENTAGE (%)
Poor	29	72.5
Average	9	22.5
Good	2	5

DISCUSSION

The first objective study was to assess the knowledge of mothers regarding respectful maternity care. Among 40 mothers 27(72.5%) postnatal mothers had poor knowledge about Respectful Maternity Care.

The second objectives of this study were to associate the selected demo-graphical variables with knowledge on respectful maternal care. Among all demographic variables association with the level of knowledge the only level of education found significant(0.041) at 0.05 , whereas all other variables found not significant .

This study findings was similar to the findings of the author Blessy Mathew (14) conducted a study on “A Study to Assess the Knowledge on Respectful Maternal Care Among the Health Workers Working in Selected Hospital/Health Centers at Meerut” showed that 15(50%) health workers Having Moderate Knowledge and there was only significant association with number of deliveries whereas there is no significant association between age, sex, education, years of experience, area of working and attending any midwifery related training.

Conclusion

RMC is essential for pregnant women to optimize the quality of health care. Sometimes, healthcare providers may normalize disrespectful treatment during childbirth, which intrudes on basic human rights. As childbirth is a critical event in the life of a mother, traumatic childbirth experiences may negatively affect the mental and physical health of women. In this study, the participants had poor level of Knowledge regarding RMC during labor and childbirth. Most of them were not informed about their healthcare providers or were exposed to unnecessary interventions that negatively affected the mother and her child. Thus, participatory actions must be ensured by policymakers, leaders, and healthcare providers to promote RMC at public hospitals in Odisha. More and more awareness programmes can be organized to create awareness among mothers. .

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